UTILITY **PATENT APPLICATION** TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 244855US0

First Inventor or Application Identifier Susumu HIROSE, et al.

Title METHOD FOR DETECTING NEGATIVELY SUPERCOILED DNA

=	=	ღ
Ξ	藁	Ø
	-	↽
	Ξ	Õ
		⋍
		<u> </u>

See MPE	APPLICATION ELEMENTS P chapter 600 concerning utility patent application contents	Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313					
1. Fee (Subr	Transmittal Form (e.g. PTO/SB/17) nit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s))					
2 Spe	cification Total Sheets 23	8. Application Data Sheet. See 37 CFR 1.76					
z. Gpe	Total offeets 25						
_		9. 37 C.F.R. §3.73(b) Statement Power of Attorney					
3. Drav	wing(s) (35 U.S.C. 113) Total Sheets 7	10. ☐ English Translation Document (if applicable) Information Disclosure ☐ Copies of IDS					
		11. Statement (IDS)/PTO-1449 Copies of IDS Citations (1)					
4. Oath	n or Declaration Total Pages 3	12. Preliminary Amendment					
a. 📜	Newly executed (original)	13. White Advance Serial No. Postcard					
b. 🗆	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)					
	i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).	15. Applicant claims small entity status. See 37 CFR 1.27					
	ROM or CD-R in duplicate, large table or Computer gram (Appendix)	16. Other: Request for Priority					
e m Nuc	leotide and/or Amino Acid Sequence Submission						
(11 &	applicable, all necessary) Computer Readable Form (CRF)						
	cification or Sequence Listing on :						
•	☐ CD-ROM or CD-R (2 copies); or						
	☐ Paper						
	Statements verifying identity of above copies						
		L. Abo and a single information below.					
	ITINUING APPLICATION, check appropriate box, and supplitionation Divisional Continuation						
_		Group Art Unit:					
• •		·					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
18. CORRESPONDENCE ADDRESS							
Contract Nove Lond							
Customer Number							
22850							
(703) 413-3000 FACSIMILE: (703) 413-2220							
Name	Norman F. Oblon	Registration No.: 24,618					
Name:	/ Imm) /	Mlen Date: 11403					
Signature:	C. Irvin McC	elland					
Name:	Desigtration hours	Registration No.:					

Bocket No.

244855US0

လ

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INDENTOR(S) Susumu HIROSE, et al.

SERIAL NO:

New Application

FILING DATE: Herewith

FOR:

METHOD FOR DETECTING NEGATIVELY SUPERCOILED DNA

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR		UMB FILE			NUMBER EXTRA		RATE		CALCULATIONS
TOTAL CLAIMS	5	-	20	=	0	х	\$18	=	\$0.00
INDEPENDENT CLAIMS	1	-	3	=	0	х	\$86	=	\$0.00
MULTIPLE DEPENDENT CLAIMS (If applicable)						+	\$290	=	\$290.00
☐ LATE FILING OF DECLARATION					+	\$130	=	\$0.00	
BASIC FEE						\$770.00			
TOTAL OF ABOVE CALCULATIONS							\$1,060.00		
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY							\$0.00		
☐ FILING IN NON-ENGLISH LANGUAGE					+	\$130	=	\$0.00	
☐ RECORDATION OF ASSIGNMENT				+	\$40	=	\$0.00		
							TOTA	4L	\$1,060.00

	Please charge Deposit Account No. 15-0030 in the amount of	A duplicate copy of this sheet is enclosed.					
	A check in the amount of to cover the filing fee is enclosed.	osed.					
	Credit card payment form is attached to cover the filing fee in	the amount of \$1,060.00					
	The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.						
	1	Respectfully Submitted,					
		OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.					
Dat	ate: 11/4/03	Wmm Welland					

Customer Number

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03) Norman F. Oblon

Registration No. 24,618

C. Irvin McClelland Registration Number 21,124